



KENTUCKY TRANSPORTATION CABINET
Department of Aviation
Capital City Airport Division

TC 56-51E
Rev. 08/2008

REQUEST FOR USE OF STATE-OWNED OR STATE-CHARTERED AIRCRAFT

Aircraft (type) _____ Helicopter _____ Requested By _____ Phone _____
Airplane _____ Agency _____ Destination _____
Purpose of Flight _____

Requested Itinerary	Date	Time	Reason for Stop
Depart _____			
Arrive _____			
Depart _____			
Arrive _____			
Depart _____			
Arrive _____			
Depart _____			
Arrive _____			
Depart _____			
Arrive _____			

Passenger Name & Title	Agency/Affiliation	Phone

The Capital City Airport Division requires a complete manifest on file before the aircraft departs from any location. Photo ID is required prior to boarding state-owned or state-chartered aircraft. An itinerary for distribution to passengers will be faxed or emailed to the person who initiated the request.

Billing Agency _____ Funding Source _____
Address _____
Phone _____ Fax _____

Regarding this use of state-owned or state-chartered aircraft, I acknowledge that state travel regulations apply and that as the requesting agency we will comply with said regulations prior to the departure of this flight.

Signature _____ Date _____
Secretary/Authorized Designee

Return all approved requests to the Flight Coordinator by fax at (502) 564-0172 or email at KYTC.flightscheduling@ky.gov

Governor/Lieut. Governor Use Only

Percent of Flight _____

Business _____ Personal _____

Capital City Airport Division

90 Airport Rd. Bldg. 400
Frankfort, KY 40601-6198
Ph. (502) 564-0099
Fax (502) 564-0172
www.cca.ky.gov/ccadivision

CCAD Use Only

Flight No. _____

Aircraft _____